



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Date Filed: 04/05/2004

Business ID: 349664

William M. Gardner

Secretary of State

ELLICO PROPERTIES II, LLC

3 TECHNOLOGY DR

LONDONDERRY, NH 03053

ENTITY TYPE:	LLC
BUSINESS ID:	349664
STATE OF DOMICILE:	NH
FEDERAL ID:	020518365
REAL ESTATE	

ADDRESS OF PRINCIPAL OFFICE:
3 TECHNOLOGY DR
LONDONDERRY, NH 03053
REGISTERED AGENT AND OFFICE:
STEVEN COHEN
111 AMHERST ST
MANCHESTER, NH 03101

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address \_\_\_\_\_

☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

MANAGERS	MEMBERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>
<b>A</b>	<b>B</b>
NAME <u>Kenneth Solinsky</u>	NAME <u>Kenneth S. Solinsky</u>
STREET <u>3 Technology Drive</u>	STREET <u>3 Technology Drive</u>
CITY/STATE/ZIP <u>Londonderry, NH 03053</u>	CITY/STATE/ZIP <u>Londonderry, NH 03053</u>
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME <u>Grace S. Solinsky</u>
STREET _____	STREET <u>3 Technology Drive</u>
CITY/STATE/ZIP _____	CITY/STATE/ZIP <u>Londonderry, NH 03053</u>
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED	

4 To be signed by the Manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Kenneth Solinsky

Please print name and title of signer: Kenneth Solinsky, Manager

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

REPORT FEE IS: \$100.00	E-MAIL ADDRESS (OPTIONAL): _____
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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529